

VALUES AND CONTROLS*

HARRY D. KRUSE†

Director, Division of Research and Planning
 Medical Society of the State of New York
 New York, N.Y.

IN previous years when I have appeared before you my central theme has invariably been on one or the other or both of two topics: the profound change in so many aspects of life and the record of achievement of the Committee on Public Health in meeting the need of the times. At the risk of seeming to play nothing but one record, tonight the motif will be the same, but the orchestration will be different.

So filled are newspapers and TV with acts of protests, demonstrations, confrontations, slow-ups, sit-ins, and strikes that the very atmosphere seems to be charged with hate and rebellion. Kiddies are running families, students are trying to control colleges, and pickets are picketing pickets. Religion, education, and cities are in a turmoil.

It seems like a hectic period in the chronicles of man, but history reveals that, compared with the past, it is a relatively tranquil era. May I remind you that during the Hundred Years' War between England and France with its intermittent fighting and truces, its battles were once stopped by the even more devastating plague known as the Black Death. There is little advantage in war postponed by disease when the probability of death is even higher. In viewing the past we can take some comfort and consolation from the turbulence of the present. Perhaps we have been passing through the darkness of a night into the dawn of a new day.

In the last 30 years medicine, too, has undergone profound if less violent changes from three simultaneous revolutions. In all of them the government has been a potent participant. The first is biological, with government supporting research on an unprecedented scale; a succession of astounding discoveries has had a tremendous impact on the practice of medicine. Formerly largely an art, medicine has been put on a more scientific basis by this newer knowledge.

*Presented at a dinner of members past and present of the Committee on Public Health of The New York Academy of Medicine, held at the University Club, New York, N.Y., January 14, 1969.
 †Formerly Executive Secretary of the Committee.

Publicity about these amazing discoveries has created an aura of magic over medicine. These truly wonderful discoveries have created not only great expectations, but overexpectation on the part of the public. Paradoxically, while the art of medicine is overshadowed, the public approves of the science but misses the art.

The second revolution has occurred in the social sector of life. Social ills have continued to plague us, not only with a different age distribution, but on a much larger scale. Abuse of drugs and venereal disease occur ever increasingly among youth. But another age group has likewise been affected by medical advances. Expectation of life has been lengthened, and survival has increased the proportion of elders in the population. But in a sense, death has been traded for diseases of the elderly which have yet to be overcome. It is in this group that illness is having its major impact.

Along with the biological and social changes came economic innovation. The new theme of this third revolution is that medical care is the right, not just the privilege, of all. Here, too, government has played a large part. I need only mention the Kerr Mills law, Medicare, and Medicaid. Prepayment and group practice even preceded them. These are the signs of the medical economic revolution. So, while youth is having its fling with venery and drugs, the oldsters are clamoring for more benefits in medical care, and in this they have been joined by the indigent.

During the past two decades, the Committee on Public Health has been living through this triple-headed revolution in biology, sociology, and economics. With all its concurrent changes, medicine is in a state of flux—upheaval might be a more accurate term—while stresses are being imposed upon it. Revolutions are always uncomfortable, even when they are bloodless.

During this period the federal government has not only intervened more and more in the lives of the citizens, but it has also increasingly drawn on the help of academic intellectuals. Theodore White, in tracing government utilization of intellectuals and the participation of intellectuals in government from the Continental Congress to the present, found that this relation has been growing steadily. In this trend experts have assumed ascending roles from resource provider with facts and data to advisor to the government; to administrator; and finally to policy maker within the government. Only in recent years have the

experts moved up to the last two posts. When these intellectuals function collectively in a purely advisory capacity to the government while retaining their private status they have come to be called "think tanks." When they enter government service individually, they are known in modern parlance as "action intellectuals."

White has demarcated three specific areas in which the ultimate problem is to fix values and controls. First is the environmental services, where air pollution is an example. Everyone is against such contamination, which has no redeeming values. Hence there is unanimity in favor of control. Second, the biological sciences are a mixed bag in respect to values and controls. Application of most discoveries is seen to have a positive value and, therefore, they need only the usual controls. But the extraordinary advances in genetics and transplantation have raised some questions about values and controls. Third, in the social area with man's changing relation to man, there are likewise instances where there are no clear values with universal acceptance. Hence controls are difficult. For example, in the matter of marijuana, attitudes toward its use and whether it should be controlled have been difficult because there is no uniformity in the value judgment. There is a sharp difference of opinion about whether use of it is acceptable or bad. The evidence is both sparse and inconclusive. Controls are difficult when values are not clearly and universally accepted. Such problems, issues, and modes of procedure have led the government increasingly to seek assistance from the intellectuals and by the same token have drawn these thinkers to enter government service.

What has all this to do with the Committee on Public Health? It should not be overlooked that the Committee was advising local government in the second decade of this century, long before this relation became a trend and long before such terms as think tanks, intellectual elite, and action intellectuals were in vogue. Indeed, the Committee came into being by request for its expert opinion on municipal health and hospitals. For more than 50 years it has continued in this role with ever-expanding scope. Its opinions are still sought by government, and are sometimes given unsolicited. With such a record, it is obvious that the Committee was never an ivory-towered, cloistered group. It was always down in the arena confronting realities and looking for practicalities. Further, it has had several members enter government service and thereby become action intellectuals.

In its enviable history it was one of the first medical groups in this country to advocate social responsibility in medicine. It was likewise one of the first to engage in community health before that term became a byword. During its span of a half century, the Committee has covered all three fields cited by White and other areas besides. In reaching its opinions and recommendations, its mode of operation has been to get the facts and then to proceed logically to conclusions. Then came the judgments on values and controls.

Three examples will demonstrate its range of interest and its procedure. As early as 1918, long before the public had any concern about air pollution, the Committee employed Yandell Anderson of Yale, an authority of that time, to measure the amount of carbon monoxide in the streets of New York. Fifty years ago the Committee recognized the potential ill effects of air pollution. In the biological sector, the Committee responded to the concern about the ethics of clinical experimentation. Finally, to mention a plaguing community problem, it pioneered in stating flatly that narcotics addiction is primarily a disease with crime secondarily associated with it.

By now, it should be clear that what the Committee has really been doing in its half century of existence was dealing with values and controls.

Usually it was so far ahead of its time that it took an average of 25 years for its recommendations to gain acceptance and adoption. By that time the Committee was so far down the road on another mission that its earlier pioneering was forgotten or ignored.

From a box seat I had the rare and unusual pleasure and privilege of witnessing this extraordinary group in action. From this vantage point I acquired an indelible impression of what the Committee has meant to me.

One of the outstanding characteristics of this group is its devotion to duty and its dedication to the public interest. The sizeable total amount of time it has engaged in deliberations is a clear index of its industry.

Yet this service does not come from a desire for glory or even personal publicity. Selflessness in service is another of its characteristics. The Committee on Public Health is the most self-effacing group engaged in health work in this nation. Glamour and charisma it has not sought or exploited. Nor does its service spring from any thought of

financial gain. The only personal reward that a member could possibly derive is that of inner satisfaction. This is a side of the medical profession about which the public knows little or nothing.

The Committee's list of projects and recommendations is abundant testimony to its productivity and its achievement. It is a virtue to be busy in the public interest. But to be busy in vital affairs is the pinnacle of service. For five decades the Committee has taken on the major problems of the times. To describe a problem as major is to rank it high in importance.

Finally, another outstanding attribute of the Committee is its collective wisdom. The correctness of its recommendations through the years as judged by their acceptance and adoption, however late, and the experience in the application of them attest to the wisdom of the Committee. Its work has withstood the test of time. On all counts, this Committee is in a class by itself.

For these reasons, you have made me proud to be a member of the medical profession. That statement has added import since it comes at a time when the profession is said to have lost some of its lustre in the public eye.

At this point it is most appropriate to call the roll of comrades deceased during my tenure: Frederick R. Bailey, Conrad Berens, Haven Emerson, L. Whittington Gorham, Hubert S. Howe, George W. Kosmak, Harvey B. Matthews, and Harry S. Mustard.

The services of these colleagues have not been forgotten. I should also be remiss if I did not pay tribute to a loyal and effective staff.

In closing it would be entirely fitting for me, like Bob Hope, to move off the podium while singing *Thanks for the Memories*. But vocal rendition is not my forte. I prefer to say to members of the Committee on Public Health, past and present, I salute you. Let me conclude with the ringing cry, "Long live the Committee on Public Health."